

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

NEW YORK
state department of
HEALTH

Sue Kelly
Executive Deputy Commissioner

June 30, 2014

Roch Baamonde, Chief
Grants & Contracts Management Branch
United States Environmental Protection Agency
Region 2
290 Broadway, 27th Floor
New York, New York 10007-1866

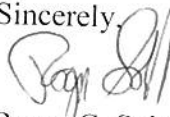
Re: Disaster Relief Appropriations Act (DRAA)
Hurricane Sandy Capitalization Grants for
Drinking Water State Revolving Funds
Grant Application

Dear Mr. Baamonde:

Please find enclosed a copy of New York State's grant application for the Disaster Relief Appropriations Act (DRAA) Hurricane Sandy Capitalization Grant for Drinking Water State Revolving Funds.

We appreciate your expeditious review of this grant application.

Sincerely,



Roger C. Sokol, Ph.D.
Director
Bureau of Water Supply Protection

Enclosure

cc: N. Graber, M.D.
M. Cambridge
T. Boepple-Swider
M. Montysko
L. Ahmed
S. Vida/ D. D'Agostino/ B. Lin
M. Driscoll - EFC

**NEW YORK STATE
DRINKING WATER STATE REVOLVING FUND
FEDERAL CAPITALIZATION GRANT APPLICATION FOR
FUNDS APPROPRIATED BY THE DISASTER RELIEF
APPROPRIATIONS ACT, 2013**

Prepared For:

U.S. Environmental Protection Agency

Region II Office

290 Broadway, 27th Floor

New York, New York 10007

Submitted By:

State of New York

Department of Health

and

Environmental Facilities Corporation

June 2014



New York State Department of Health
Bureau of Water Supply Protection

**Drinking Water State Revolving Fund
(DWSRF) Program
Capitalization Grant Application
For Funds Appropriated by the
Disaster Relief Appropriations Act
(DRAA), 2013**



June 2014

CHECKLIST OF APPLICATION ITEMS TO BE SUBMITTED

After you have completed your application, narrative descriptions, and other required forms, please review this application checklist to ensure that all required documents have been completed for submittal.

- ☒ **Key Contact Form**
 - ☒ **Application for Federal Assistance (SF-424) with Original Signatures** (Including SF-424A Budget Information and Assurances for Non-Construction Programs SF-424B)
 - ☒ **Itemized Budget** (Detailed)
 - ☒ **Assurances: Non-Construction Programs**
 - ☒ **EPA Form 4700-4 Pre-Award Compliance Review Report for All Applicants Requesting Federal Financial Assistance (Civil Rights Form) - EEO Contact** Mavis Johnson (212) 637-3339.
 - ☒ **Narrative Statement / Workplan** (Including statement on how this project supports your environmental program)
 - ☒ **Certification of Distribution of Application Review Package** (Proof of compliance with Intergovernmental review)
 - ☐ **Data on Past Grants Experience / Financial Administration** (for applicants new to EPA REGION 2, e.g. Audit Reports, Narrative Description of Past Grants with the Federal Government, and the Federal Agency Contact for the Single Audit Requirement)
 - ☐ **Biographical Sketch of the Project Manager** (for applicants other than State, local government and Indian Tribes)
 - ☒ **Certification Regarding Lobbying / Disclosure of Lobbying Activities**
 - ☐ **Certification of Tax Status if you are a Non-Profit or Not-for-Profit Organization** (for 501(c)(3) and (4) organizations, please attach copy of your most current IRS determination letter)
 - ☒ **Negotiated Indirect Cost Rate Agreement**
 - ☒ **Include the Dun and Bradstreet (D&B) Data Universal Number System (DUNS) in the SF-424 Form**
 - ☐ **Current registration in the System for Award Management (SAM) Database**
- CHECKLIST OF APPLICATION ITEMS TO BE SUBMITTED**

(Continued)

- ☐ For other than continuing programs, please indicate below the appropriate status of your application package to assist us in facilitating the review process:

☐ Submitting application package in response to a competitive announcement
List announcement number _____ or Title _____

☐ Submitting in response to discussion with EPA Staff
Please identify name _____

☐ Submitting without input from or discussion with EPA, and not in response to a competitive announcement

- ☐ Congressional Earmarks:

☐ Submitting application package in response to a Congressional Earmark
(If known) Please identify name of Congressional Sponsor _____
(If known) Please identify the appropriation Bill in which the earmark appears _____

***NOTE:** Please note that the information contained in this application may be made available to the public unless you identify specific portions that are confidential and may not be released. Please clearly identify specific confidential business information contained in this application.

RETURN COMPLETED APPLICATION TO:

MR. ROCH BAAMONDE, CHIEF
U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION 2
GRANTS AND AUDIT MANAGEMENT BRANCH
290 BROADWAY, 27th FLOOR
NEW YORK, NEW YORK 10007-1866

**KEY CONTACTS FORM**

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: Michael J. Cambridge

Title: Director, Division of Environmental Health Protection

Complete Address: Empire State Plaza, Corning Tower, Room 1619, Albany, NY 12237

Phone Number: (518) 402-7500

Payee: *Individual authorized to accept payments.*

Name: Michael J. Nazarko

Title: Deputy Commissioner for Administration

Mail Address: Empire State Plaza, Corning Tower, 14th Floor, Albany, NY 12237

Phone Number: (518) 474-8565

Administrative Contact: *Individual from Sponsored Program Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)*

Name: Lori A. Ahmed

Title: Administrator, Bureau of Water Supply Protection

Mailing Address: Empire State Plaza, Corning Tower, Room 1110, Albany, NY 12237

Phone Number: (518) 402-7650

FAX Number: (518) 402-7599

E-Mail Address: lab19@health.state.ny.us

Principal Investigator: *Individual responsible for the technical completion of the proposed work.*

Name: Roger C. Sokol, Ph.D.

Title: Director, Bureau of Water Supply Protection

Mailing Address: Empire State Plaza, Corning Tower, Room 1110, Albany, NY 12237

Phone Number: (518) 402-7650

FAX Number: (518) 402-7599

E-Mail Address: rsc06@health.state.ny.us

Web URL: www.nyhealth.gov

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** New York State Department of Health

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**
14-6013200

*** c. Organizational DUNS:**

806781340

d. Address:

*** Street1:** Empire State Plaza

Street2: Corning Tower, Room 1110

*** City:** Albany

County: Albany

*** State:** New York

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 12237

e. Organizational Unit:

Department Name:

New York State Department of Health

Division Name:

Division of Environmental Health Protection- Bureau of Water Supply Protection

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.

*** First Name:** Roger

Middle Name: C.

*** Last Name:** Sokol

Suffix: Ph.D.

Title: Director

Organizational Affiliation:

Bureau of Water Supply Protection

*** Telephone Number:** 518-402-7650

Fax Number: 518-402-7599

*** Email:** rcs06@health.state.ny.us

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.483

CFDA Title:

Disaster Relief Appropriations Act (DRAA) Hurricane Sandy Capitalization Grants for Drinking Water State Revolving Funds

*** 12. Funding Opportunity Number:**

* Title:

Drinking Water State Revolving Fund

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide

*** 15. Descriptive Title of Applicant's Project:**

To capitalize the Drinking Water State Revolving Fund in New York State

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant Statewide

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 9/30/2014

* b. End Date: 9/30/2021

18. Estimated Funding (\$):

* a. Federal 56,572,914
* b. Applicant 11,314,583
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 67,887,497

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 6/30/2014.
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Michael
Middle Name: J.
* Last Name: Cambridge
Suffix:

* Title: Director, Division of Environmental Health Protection

* Telephone Number: 518-402-7500

Fax Number: 518-402-7509

* Email:

* Signature of Authorized Representative:

* Date Signed:

12/26/14

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Item:	Entry:
1.	<p>Type of Submission: (Required): Select one type of submission in accordance with agency instructions.</p> <ul style="list-style-type: none"> • Pre-application • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.
2.	<p>Type of Application: (Required) Select one type of application in accordance with agency instructions.</p> <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation -An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision -Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <p>A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)</p>
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.
4.	Applicant Identifier: Enter the entity identifier assigned buy the Federal agency, if any, or the applicant's control number if applicable.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.
8.	<p>Applicant Information: Enter the following in accordance with agency instructions:</p> <ol style="list-style-type: none"> Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your

	<p>organization is not in the US, enter 44-4444444.</p> <p>c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p> <p>d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p> <p>e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, (if applicable) that will undertake the assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this applicant required), organizational affiliation (if affiliated with an organization other on: Enter the name (First and last name than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)
10.	<p>Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.</p>
11.	<p>Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.</p>
12.	<p>Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and</p>

	title of the opportunity under which assistance is requested, as found in the program announcement.
13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. C. Increase Duration D. Decrease Duration E. Other (specify)
14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include: But may not be limited to; delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.
21.	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Set Asides	66-483	\$	\$	\$ 2,262,916.00	\$ 0.00	\$ 2,262,916.00
2. Projects	66-483			54,309,998.00	11,314,583.00	65,624,581.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 56,572,914.00	\$ 11,314,583.00	\$ 67,887,497.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	Administration	(2) Technical Assistance	(3) Program Management	(4) Projects	
a. Personnel	\$	521,190.00	\$ 0.00	0.00	\$	\$ 521,190.00
b. Fringe Benefits		276,058.00	0.00	0.00		276,058.00
c. Travel		50,000.00	0.00	0.00		50,000.00
d. Equipment		0.00	0.00	0.00		0.00
e. Supplies		188,540.00	0.00	0.00		188,540.00
f. Contractual		0.00	0.00	0.00		0.00
g. Construction		0.00	0.00	0.00		0.00
h. Other		1,131,458.00	0.00	0.00	65,624,581.00	66,756,039.00
i. Total Direct Charges (sum of 6a-6h)		2,167,246.00	0.00	0.00	65,624,581.00	67,791,827.00
j. Indirect Charges		95,670.00	0.00	0.00		95,670.00
k. TOTALS (sum of 6i and 6j)	\$	2,262,916.00	\$ 0.00	\$ 0.00	\$ 65,624,581.00	\$ 67,887,497.00

7. Program Income	\$	\$	\$	\$	\$	0.00
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Previous Edition Usable

Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. 20% Capitalization Grant Match	\$ 11,314,583.00	\$	\$	\$	11,314,583.00
9.					0.00
10.					0.00
11.					0.00
12. TOTAL (sum of lines 8-11)	\$ 11,314,583.00	\$ 0.00	\$ 0.00	\$	11,314,583.00
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 2,262,916.00	\$ 565,729.00	\$ 565,729.00	\$ 565,729.00	\$ 565,729.00
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 2,262,916.00	\$ 565,729.00	\$ 565,729.00	\$ 565,729.00	\$ 565,729.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. 20% Capitalization Grant Match	\$ 0.00	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: See attached budget/ set-asides	22. Indirect Charges: See attached budget				
23. Remarks:					

INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in Column (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For *new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For *continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For *supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program

INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

NECESSARY STATE MATCH

<u>FFY</u>	<u>Federal Grant</u>	<u>State Match</u>
1997	\$59,167,700	\$11,833,540
1998	\$45,061,600	\$9,012,320
1999	\$47,228,900	\$9,445,780
2000	\$49,084,500	\$9,816,900
2001	\$49,287,400	\$9,857,480
2002	\$62,430,700	\$12,486,140
2003	\$62,055,500	\$12,411,100
2004	\$64,373,600	\$12,874,720
2005	\$64,237,300	\$12,847,460
2006	\$36,636,100	\$7,327,220
2007	\$36,638,000	\$7,327,600
2008	\$36,265,000	\$7,253,000
2009	\$36,265,000	\$7,253,000
2010	\$89,427,000	\$17,885,400
2011	\$62,055,000	\$12,411,000
2012	\$60,923,000	\$12,184,600
2013	\$55,485,000	\$11,097,000
2013 DRAA	\$56,572,914	\$11,314,583
2014	\$42,455,000	\$8,491,000
Totals:	\$1,015,649,214	\$203,129,843

DWSRF STATE MATCH

<u>Date</u>	<u>Amount</u>
February 3, 1998	\$44,700,000
July 9, 1998	\$5,200,000
July 9, 1998	\$50,000,000
September 17, 1999	\$100,000
September 26, 2000	\$35,000,000
August 30, 2001	\$50,000,000
September 30, 2002	\$50,000,000
September 9, 2003	\$30,000,000
	<hr/>
	\$265,000,000

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

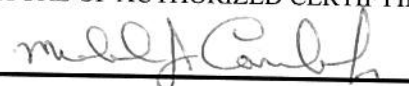
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

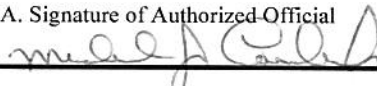
As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. 4. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the | <ol style="list-style-type: none"> basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
|--|---|

<p>9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a-7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally-assisted construction subagreement.</p> <p>10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.</p> <p>11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in flood plains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).</p>	<p>12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) Related to protecting components or potential components of the national wild and scenic rivers system.</p> <p>13. Will assist the awarding agency in assuring compliance will Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).</p> <p>14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</p> <p>15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) Pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</p> <p>16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) Which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</p> <p>17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."</p> <p>18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</p>
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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Director, Div. of Environ. Health Protection	
APPLICANT ORGANIZATION New York State Department of Health		DATE SUBMITTED 6/26/14

**Preadward Compliance Review Report for
All Applicants and Recipients Requesting EPA Financial Assistance**
Note: Read instructions on other side before completing form.

I. Applicant/Recipient (Name, Address, State, Zip Code).		DUNS No.
New York State Department of Health, Corning Tower, Room 1110, Albany, NY 12237		806781340
II. Is the applicant currently receiving EPA assistance? Yes		
III. List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) See Attached Response to Question III		
IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective action taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) None		
V. List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3)) No agency has conducted a compliance review of the NYS Department of Health in the last 2 yrs.		
VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below. <div style="display: flex; justify-content: space-around;">✓ YesNo</div>		
a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b). <div style="display: flex; justify-content: space-around;">Yes✓ No</div>		
b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. § 7.70) applies. <div style="display: flex; justify-content: space-around;">YesNoSee Attached</div>		
VII.* Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs or activities? (40 C.F.R. § 5.140 and § 7.95) ✓ Yes No		
a. Do the methods of notice accommodate those with impaired vision or hearing? ✓ Yes No		
b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? ✓ Yes No		
c. Does the notice identify a designated civil rights coordinator? Yes ✓ No		
VIII.* Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. § 7.85(a)) The NYSDOH maintains this data for our workforce. +		
IX.* Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, E.O. 13166) No +		
X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. See Attached Response to Question X. +		
XI.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet address for, or a copy of, the procedures. See Attached Response to Question XI. +		
For the Applicant/Recipient		
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.		
A. Signature of Authorized Official 	B. Title of Authorized Official Director, Div. of Environ. Health Prot. +	C. Date 6/26/14
For the U.S. Environmental Protection Agency		
I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.		
A. Signature of Authorized EPA Official	B. Title of Authorized EPA Official	C. Date
See ** note on reverse side		

Response to Question III

Pending Civil Rights Complaints against the New York State Department of Health filed with the New York State Division of Human Rights (“SDHR”) or the United States Equal Employment Opportunity Commission (“EEOC”) that Allege Discrimination Based on Race, Color, National Origin, Sex, Age, Or Disability (from Records Maintained by the Department’s Division of Legal Affairs).





Preaward Compliance Review Report: Form 4700-4

Response to Question VI:

Section 7.70(b)(2)-Mechanical rooms and other spaces that because of their intended use, will not require accessibility to the public or beneficiaries or result in the employment or residence therein of persons with physical handicaps.

Response to Question X:

The NYS Department of Health has designated the following individual to coordinate its compliance with 40 C.F.R. Parts 5 and 7: Richard Snyder, Acting Affirmative Action Administrator, NYS Department of Health, Corning Tower, Room 2425, Albany, NY 12237, Richard.snyder@health.ny.gov, 518-473-2802 (fax), and 518-473-1703 (phone).

Response to Question XI:

Yes, it is outlined in the NYS Department of health Administrative Policies and Procedures Manual (APPM) 630.0—NYS Department of Health's policy regarding the discrimination/harassment complaint process. This policy assures the prompt and fair resolution of complaints that allege discrimination, which is in violation of 40 C.F.R. Parts 5 and 7. A copy of the policy is attached.

SET-ASIDE WORK PLAN
FOR THE
NEW YORK STATE
DRINKING WATER STATE REVOLVING FUND
FUNDS APPROPRIATED BY THE DISASTER RELIEF
APPROPRIATIONS ACT, 2013

Prepared For:
U.S. Environmental Protection Agency
Region II Office
290 Broadway, 27th Floor
New York, New York 10007

Prepared By:
New York State Department of Health
and
New York State Environmental Facilities Corporation

June 30, 2014

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ATTACHMENTS

Attachment I – Organizational Charts

Attachment II – Projected Set-Aside Expenditures for Funds Appropriated by the Disaster Relief Appropriations Act, 2013

1.0 INTRODUCTION

A Drinking Water State Revolving Fund (DWSRF) was created as a result of New York State's enactment of Chapter 413 of the Laws of 1996 (Clean Water/Clean Air Bond Act or "Bond Act") and passage of the 1996 Amendments to the Safe Drinking Water Act (SDWA) by the U.S. Congress. The DWSRF program provides low interest loans for the construction of drinking water projects and administers other activities authorized by the SDWA. The program is administered jointly by the New York State Department of Health (DOH) and the New York State Environmental Facilities Corporation (EFC). Organizational charts for the DOH and the EFC are presented in Attachment 1 of this document.

The Disaster Relief Appropriations Act (DRAA) of 2013 provided for the funding of Capitalization grants to New York and New Jersey for the purpose of funding resiliency related projects for facilities that were impacted by Hurricane Sandy. The capitalization grant will be deposited in the State's DWSRF, and will be used to provide loans and other types of financial assistance to eligible public water systems. A State may elect to use up to 31% of the capitalization grant for other eligible activities, including 4% for administration of the program. Under the DRAA, New York State is applying for a Federal Capitalization Grant in the amount of \$56,572,914. Monies from the Bond Act will be used to provide the federally mandated 20% state matching funds of \$11,314,583.

Projects eligible for DWSRF financing include those that will reduce flood damage risk and vulnerability or that will enhance resiliency to rapid hydrologic change or a natural disaster at treatment works, or any eligible facilities under section 1452 of the Safe Drinking Water Act, and for other eligible tasks at such treatment works or facilities necessary to further such purposes.

Section 1452 of the SDWA authorizes states to use a portion of the federal Capitalization Grant to support various drinking water programs (set-asides). Section 1452 allows as much as 31% of a State's federal Capitalization Grant to be used for a combination of Administrative Activities (4%), Technical Assistance (2%), State Program Management (10%) and Special Activities (15%). New York State proposes to obligate 4% (\$2,262,916) of the \$56,572,914 DRAA Capitalization Grant for set-aside purposes.

The State is proposing to obligate 4% (\$2,262,916) of the total DRAA federal Capitalization Grant to support the costs of administrative activities necessary to implement the program by the DOH and the EFC. The DOH will receive 2% (\$1,131,458) and the EFC will receive 2% (\$1,131,458) to support their respective administrative activities. The distribution of the set-aside expenditures among personal service costs, related fringe benefits, indirect costs, and non-personal service costs are detailed in the attached budgets (see Attachment II).

According to the EPA issue paper titled *Management of Set-Asides in the Drinking Water State Revolving Fund Program*, the Administrative Activities set-aside differs from the

other set-asides in the DWSRF program since a work plan is not required unless the funds are going to be used to provide technical assistance or fund administration of other programs eligible under Section 1452. The State is proposing to obligate the Administrative Activities set-aside monies of the DRAA federal Capitalization Grant to support the costs of administrative activities necessary to implement the DRAA program specifically and the DWSRF program in general. Therefore, no work plan for the use of these funds is required.

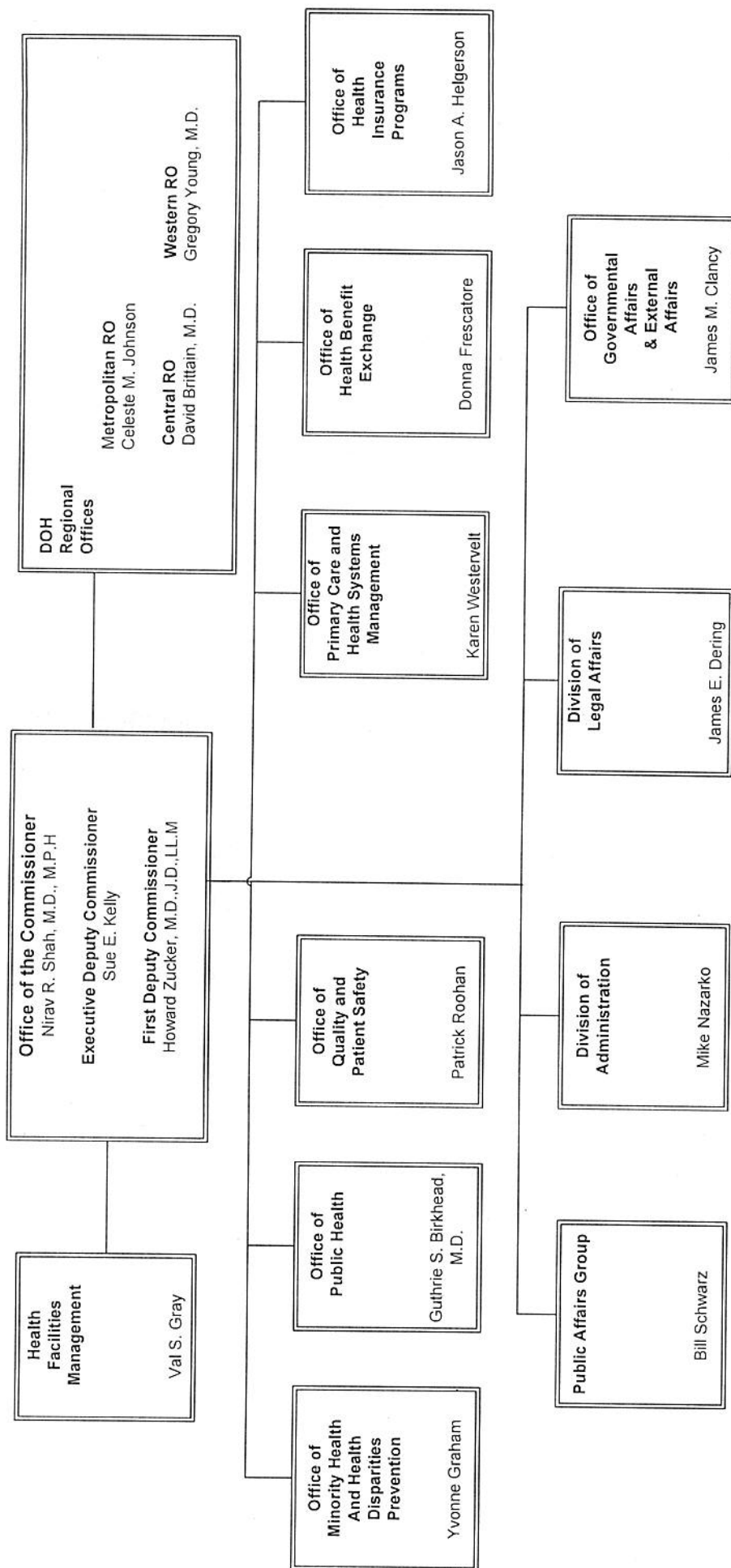
ATTACHMENT I
ORGANIZATIONAL CHARTS

NEW YORK

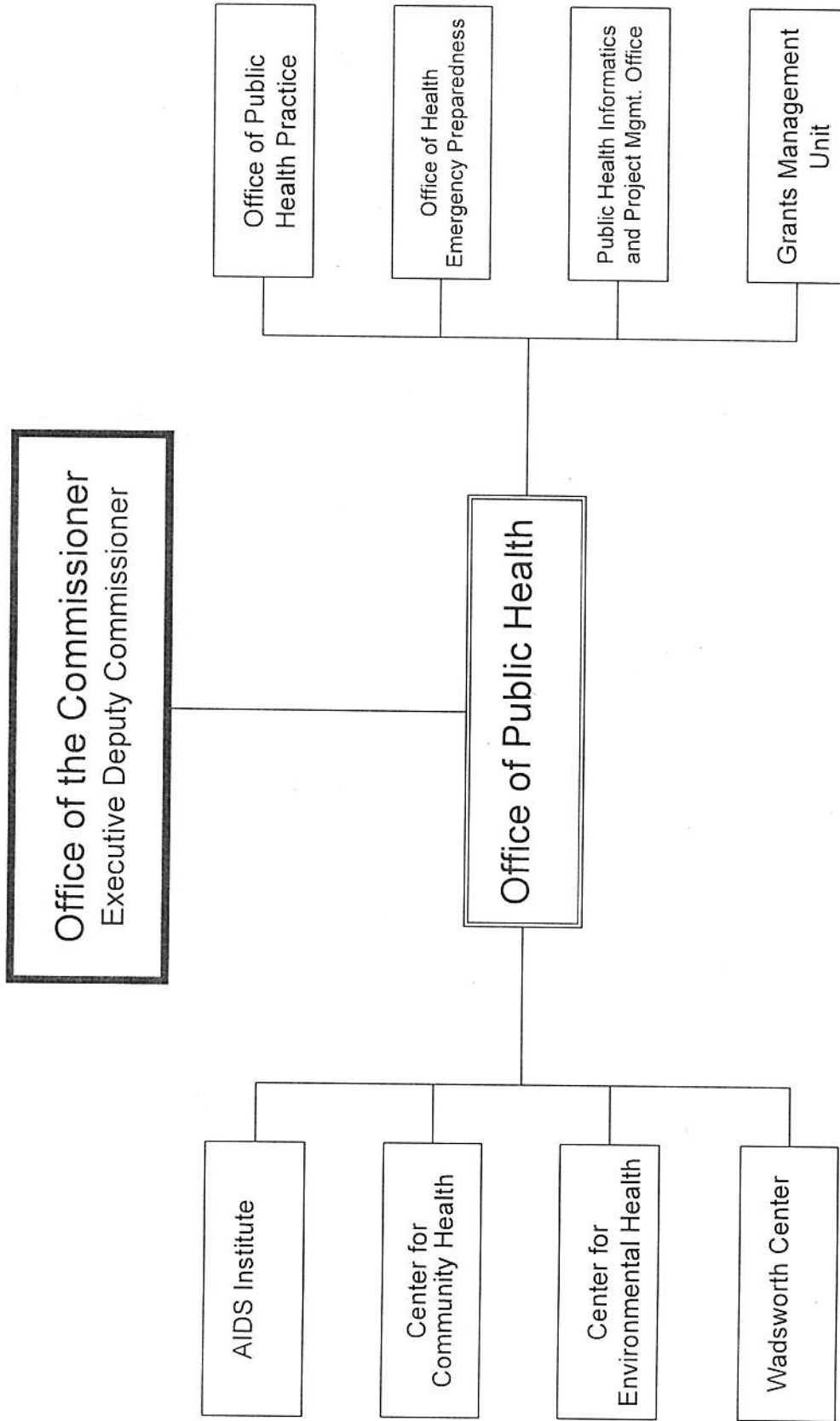
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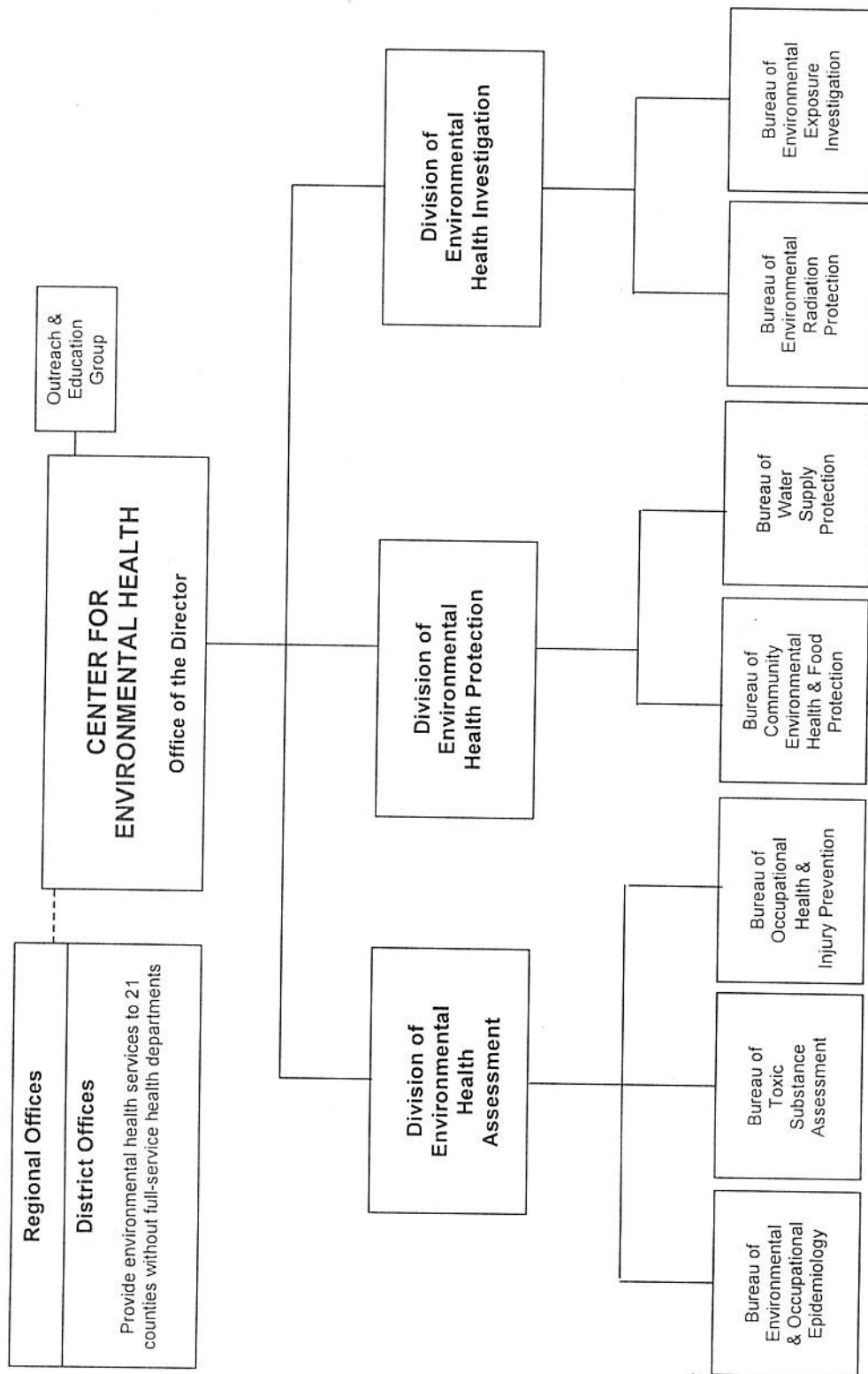
HEALTH

October 2013

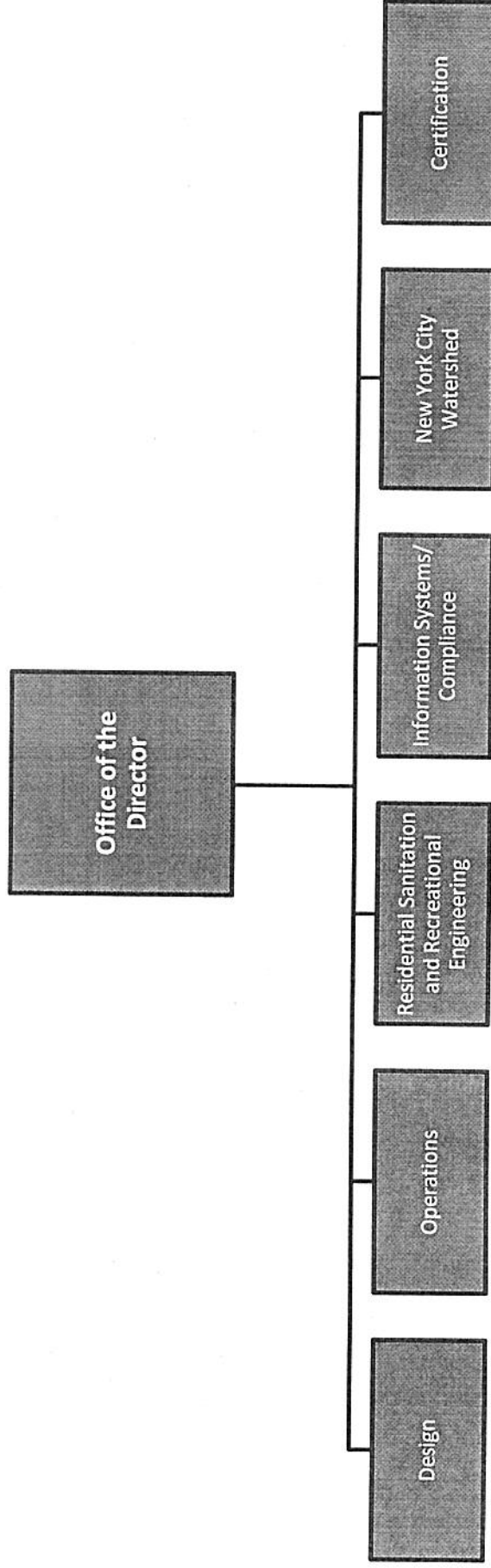


Organization of Public Health Programs



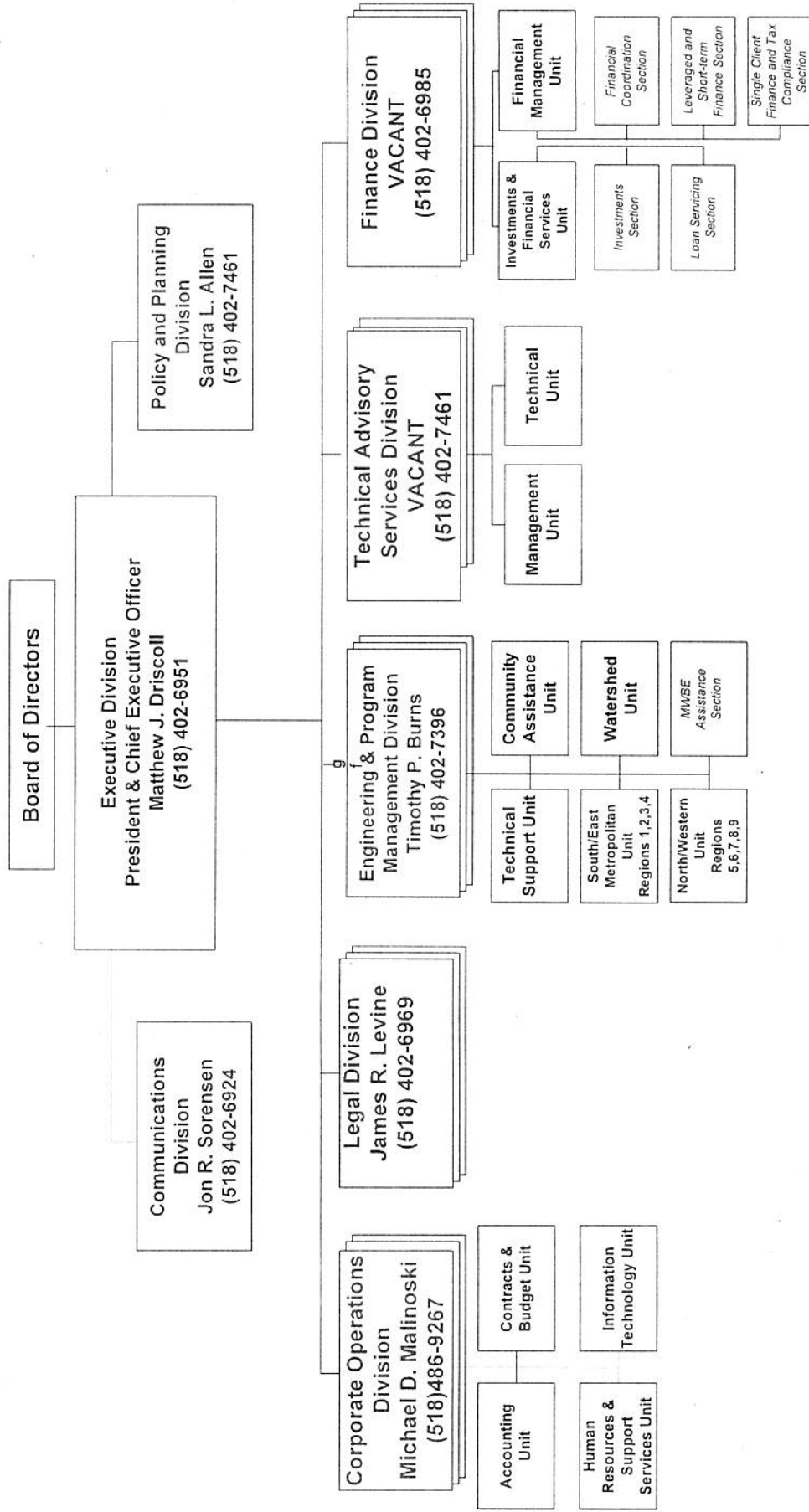


Bureau of Water Supply Protection





EFC's Organizational Structure



ATTACHMENT II
PROJECTED SET-ASIDE EXPENDITURES
FOR FUNDS APPROPRIATED BY THE
DISASTER RELIEF APPROPRIATIONS ACT, 2013

ADMINISTRATIVE SET-ASIDE Disaster Relief Appropriations Act, 2013

	DOH	EFC	Total FFY14	Available Administrative
Available Funds	Administrative	Administrative	Administrative	Set-Aside
DRAA Cap Grant (\$56,572,914)	\$1,131,458.00	\$1,131,458.00	\$2,262,916.00	\$2,262,916.00
Total Available	\$1,131,458.00	\$1,131,458.00	\$2,262,916.00	\$2,262,916.00
Category of Expenses for FFY 2014				
1. Personal Services	\$521,190.00	\$1,704,000.00	\$2,225,190.00	\$1,652,648.00
2. Fringe=DOH 53.48%, EFC 53.99%	\$276,058.00	\$920,000.00	\$1,196,058.00	\$276,058.00
3. Travel	\$50,000.00	\$19,000.00	\$69,000.00	\$50,000.00
4. Equipment	\$0.00	\$30,000.00	\$30,000.00	\$0.00
5. Supplies	\$188,540.00	\$77,000.00	\$265,540.00	\$188,540.00
6. Contractual	\$0.00	\$27,300.00	\$27,300.00	\$0.00
7. Construction	\$0.00	\$0.00	\$0.00	\$0.00
8. Other	\$0.00	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$1,035,788.00	\$2,777,300.00	\$3,813,088.00	\$2,167,246.00
Indirect Charges DOH 12%, EFC 19.61%	\$95,670.00	\$515,000.00	\$610,670.00	\$95,670.00
Total	\$1,131,458.00	\$3,292,300.00	\$4,423,758.00	\$2,262,916.00

The difference between the available set-aside money and the cost to run the program will be made up by using other resources that may include fees that have been collected by the program.

**DWSRF DRAA DOH Administrative
Budget Backup**

Summary

Proposed Use of Funds:

Total Personal Service

\$521,190

a. Personal Service - Existing Positions

Title/Grade	Annual Salary	Estimated Start Date for New and Vacant Positions	Current Year Cost	Cost for 2 Years
Info Tech Spec 2, G-18	\$68,716	Filled	\$68,716	\$137,432
Info Tech Spec 3, G-23	\$81,152	Filled	\$81,152	\$162,304
Secretary 1, G-11	\$51,593	Filled	\$51,593	\$103,186
Health Program Administrator, G-18	\$56,634	Filled	\$56,634	\$113,268
TOTAL	\$258,095		\$258,095	\$516,190

b. Non-Employee Services

N/A

c. Overtime

\$5,000

Other Than Personal Services

\$611,219

a. Supplies and Materials

\$ 188,540

General office supplies including photocopier/printer supplies, paper for all printers and copiers, materials for daily business shipping and mailing.

b. Travel

\$ 50,000

c. Contractual Services

\$ 0

d. Equipment

\$ 0

e. Fringe Benefits @53.48%

\$276,058

Health Insurance
Pensions
Social Security
Workers' Compensation
Employee Benefits Funds
Dental Insurance
Unemployment Benefits
Vision Benefits
Survivors' Benefits

f. Indirect Costs -@12% \$95,670

WORK PLAN - GRAND TOTAL:

\$1,131,458

NEW YORK STATE ENVIRONMENTAL FACILITIES CORPORATION
DRINKING WATER STATE REVOLVING FUND PROGRAM
DRAA BUDGET

<u>Available Funds</u>	<u>Amount</u>
Grant - Admin. Set-Aside	1,131,458

<u>Projected Expenses</u>	
Personnel	1,704,000
Fringe Benefits	920,000
Travel	19,000
Supplies and Materials	77,000
Equipment	30,000
Contractual	27,300
Total Direct Charges	<u>2,777,300</u>
Indirect Charges (19.61%)	515,000
Total	<u>3,292,300</u>

Notes

¹ Indirect Charges are calculated by adding Personnel costs plus Fringe benefits and then multiplied by 19.61%.

² The total expenses are listed for the administration of the DWSRF program. The amounts in excess of the grant allowance will be paid from unspent prior grant funds available and or fees.

DWSRF FFY'14 BREAKDOWN OF PROJECTED EXPENSES

Personal Service Costs		1,704,000
Fringe benefits		
Consists of Health insurance, Social Security, Pensions, Worker's Compensation, Dental Insurance, Unemployment Insurance, Vision Benefits, Medicare, Long Term Disability		920,000
Travel		
The Corporation's responsibilities with the Program will have staff travel to IUP hearings, application workshops and bond closings in New York City for DWSRF bond issues.		19,000
Supplies & Materials		
Toner cartridges, color printer supplies, Misc. computer supplies; software purchase: security software, document managing package, software updates	19,700	
General office supplies: pens, pencils, copier paper folders, calendars, calculators, etc.	16,300	
Books and Journals	6,000	
Computers Equipment such as servers, CPU's, monitors, back up systems, security appliance for computer, printer, copiers, etc. Office peripherals such as fax machines, file cabinets, desks, chairs, file cabinets.		
Office peripherals	35,000	77,000
Equipment	30,000	30,000
Contractual Services		
Printing of the DWSRF IUP, maintenance for the Corporation's toll free telephone line, training, insurance, temporary services if needed, postage:		

DWSRF FFY'14 BREAKDOWN OF PROJECTED EXPENSES

Training (On going contract):			
The nature of training would consist of			
Computer Training, CIFA and Tuition			
Assistance Program			
		6,000	
Printing		2,400	
Insurance: DW share of Auto insurance, computer,			
Liability and Property insurance			
		5,000	
Postage		4,400	
Telephone		9,500	27,300
Indirect costs			515,000
Grand Total			3,292,300

New York State Environmental Facilities Corporation
Schedule of Personal Service Expense for FY 2014-15
DWSRF Admin PS
5/20/2014

Item #	Division	FTE	Current Title	Grade	Salary Expense FFY 2014
301	Corporate Operations	1.0	Accounting Assistant	MC-14	45,792
303	Legal	1.0	Deputy General Counsel	M-4	91,096
305	Executive	1.0	SRF Loan Process Manager	M-1	84,581
306	Corporate Operations	1.0	Principal Application Developer	M-1	84,581
307	Corporate Operations	1.0	Human Resources Specialist I	MC-14	40,477
308	Finance	1.0	Assistant Financial Development Manager	MC-23	61,993
309	Finance	1.0	Administrative Assistant I	MC-09	38,776
310	Program Management	1.0	MWBE Representative	MC-18	47,952
312	Finance	1.0	Finance Specialist	MC-14	50,631
313	Finance	1.0	Financial Analyst	MC-18	59,504
314	Finance	1.0	Assistant Financial Services Manager	MC-23	61,993
315	Executive	1.0	MWBE Representative	MC-16	47,088
316	Finance	1.0	Financial Services Analyst	MC-18	53,728
317	Finance	1.0	Assistant Financial Development Manager	MC-23	74,878
318	Finance	1.0	Financial Development Manager	M-3	98,025
319	Corporate Operations	1.0	Senior Accountant	MC-20	53,099
320	Corporate Operations	1.0	Contract Analyst	MC-18	47,952
321	Finance	1.0	Administrative Assistant II	MC-11	25,920
322	Finance	1.0	Debt Service Specialist	MC-14	50,631
351	Program Management	1.0	Administrative Assistant I	MC-09	30,682
352	Finance	1.0	Financial Services Manager	M-2	93,803
353	Finance	1.0	Debt Service Analyst	MC-18	29,752
354	Finance	1.0	Financial Information Systems Manager	M-1	84,581
355	Program Management	1.0	Funding Coordinator	M-1	84,581
356	Program Management	1.0	Funding Coordinator I	MC-23	61,993
357	Finance	1.0	Financial Information Systems Senior Analyst	M-2	61,993
7	Legal	1.0	Deputy Counsel	M-4	114,961
		27.0			1,681,043
	Estimated Merit Awards				8,000
	Longevity Payments				3,250
	Performance Advances				12,018
					1,704,311
	TOTAL PERSONAL SERVICE REQUIRED				<u>1,704,000</u>

**INTERGOVERNMENTAL REVIEW INSTRUCTIONS
FOR NEW YORK and NEW JERSEY APPLICANTS**

Due to the elimination of the State Clearinghouse function in the States of New York and New Jersey, it is now necessary for each applicant for EPA Region 2 funding that impacts New York or New Jersey to submit their application to the relevant State, County, and Areawide reviewing agencies.

A list of these agencies, along with their addresses, is enclosed. At a minimum, your application should be submitted to the listed agency in your county and other counties impacted. Projects that impact New Jersey must also be submitted to the New Jersey Department of Environmental Protection. Please note that the New York State Department of Environmental Conservation has waived its right to review. Please refer to the list of counties participating in the review process.

You should send the reviewing agencies a letter transmitting your application review package. Also include the first page of the application (SF-424), a project summary describing the activities proposed to be funded, and a signed "Certification of Distribution of Application Review Package" form (enclosed).

A signed original of the letter form also needs to be included with the application review package you send to EPA. Some of the agencies may request additional information as well. Please be sure to give the agencies a deadline for comments (at least 30 days from the day they receive the application). Comments should be sent directly to EPA at the following address:

**Mr. Roch Baamonde, Chief
Grants and Contracts Management Branch
USEPA Region 2
290 Broadway, 27th Floor
New York, New York 10007-1866**

Please note that EPA cannot complete processing of the application until the intergovernmental review process has been completed. If you need additional information about this process, please call (212) 637-3402.

**NEW YORK STATE REVIEW PROCESS
CERTIFICATION OF DISTRIBUTION OF APPLICATION REVIEW
PACKAGE**

Pursuant to the Federal intergovernmental review requirements, the attached APPLICATION REVIEW PACKAGE is submitted for your review.

Applicant/Agency Name: New York State Department of Health
Organizational Unit: Bureau of Water Supply Protection
Address: Empire State Plaza
Corning Tower, Room 1110
Albany, NY 12237
Contact Person: Roger C. Sokol, Ph.D.
Telephone Number: (518) 402-7650

CFDA Number: 66.483

Federal Program Name: Disaster Relief Appropriations Act (DRAA) Hurricane Sandy Capitalization Grants for Drinking Water State Revolving Funds (DWSRF)

Project Name: Storm Mitigation Loan Program

Federal Funding Agency Address: USEPA - Region 2
290 Broadway, 27th Floor
New York, New York 10007-1866

Federal Funds Requested: \$56,572,914

REVIEWING AGENCIES

The Application Review Package has been sent to the Reviewing Agencies checked below:

☐ United States Environmental Protection Agency Region II, Grants and Audit Management


AREAWIDE REVIEWING AGENCIES:

<input type="checkbox"/> ALBANY, RENNELAER, SCHENECTADY, SARATOGA	<input checked="" type="checkbox"/> GENESSE, LIVINGTON, MONROE, ONTARIO, ORLEANS, SENECA, WAYNE, YATES, WYOMING	<input checked="" type="checkbox"/> ULSTER
<input checked="" type="checkbox"/> BROOME, CHENANGO, CORTLAND, DELAWARE, OTSEGO, SCHOHARIE, TIOGA, TOMPKINS	<input checked="" type="checkbox"/> JEFFERSON	<input checked="" type="checkbox"/> WESTCHESTER
<input checked="" type="checkbox"/> CHAUTAUQUA, CATTARAUGUS, ALLEGANY	<input checked="" type="checkbox"/> ORANGE	<input type="checkbox"/> ALL COUNTIES
<input checked="" type="checkbox"/> CHEMUNG, SCHUYLER, STEUBEN	<input checked="" type="checkbox"/> OSWEGO, ONONDAGA, MADISON, CAYUGA	<input type="checkbox"/> NO APPLICABLE COUNTIES REVIEWING AGENCIES
<input type="checkbox"/> ERIE, NIAGARA	<input type="checkbox"/> PUTNAM	
<input type="checkbox"/> FRANKLIN	<input checked="" type="checkbox"/> ROCKLAND	

The undersigned certifies that an Application Review Package consisting of the items checked below has been sent to the required Reviewing Agencies for review.

- (1) FEDERAL FORM 424 (Box 16 must be completed)
- (2) PROJECT SUMMARY DESCRIBING PROPOSED ACTIVITIES
- (3) CERTIFICATION OF DISTRIBUTION OF APPLICATION REVIEW PACKAGE
- (4) SITE LOCATION MAP (For construction projects only)
- (5) PROJECT INFORMATION FORM (For construction projects only)

This Application Review Package will not be processed unless this form is signed and dated below.


Signature

6/26/14
Date signed

Director, DEHP
Title

ADDRESSES

NY State Reviewing Agencies

ALBANY, RENSSELAER, SCHENECTADY, SARATOGA Waive right to review all proposed projects	BROOME, CHENANGO, CORTLAND, DELAWARE, OTSEGO, SCHOHARIE, TIOGA, TOMPKINS Mr. Erik Miller, Director Southern Tier East Planning Board 49 Court St, Suite 222 Binghamton, NY 13901-2385 Tel. (607)724-1327 x212 Fax (607)724-1194 Email: ste@stenvy.org Director.stenvy@gmail.com *Will accept electronic project proposals
CHAUTAUQUA, CATTARAUGUS, ALLEGANY Ms. Sarah Phearsdorf Southern Tier West RPB 4039 Route 219, Suite 200 Salamanca, NY 14779-9625 Tel. (716) 945-5301 Fax (716) 945-5550 Email: sphearsdorf@southerntierwest.org *Will accept electronic project proposals	CHEMUNG, SCHUYLER, STEUBEN Ms. Marcia Weber Southern Tier Central Regional Planning Bd. 8 Denison Parkway East, Suite 310 Corning, NY 14830 Tel. (607)962-5092 Fax (607)962-3400 Email: weber@stny.rr.com *Will accept electronic project proposals
COLUMBIA Waive right to review all proposed projects	DUTCHESS Waive right to review all proposed projects
ERIE, NIAGARA Waive right to review all proposed projects	FRANKLIN Waive right to review all proposed projects

<p>FULTON</p> <p>Waive right to review all proposed projects</p>	<p>GENESSE, LIVINGSTON, MONROE, ONTARIO, ORLEANS, SENECA, WAYNE, YATES, WYOMING</p> <p>Ms. Rudeen Armstrong Genesee/FingerLakes Regional Planning Cncl. City Place, 50 West Main Street, Suite 8107 Rochester, NY 14614 Tel. (585) 454-0190 Fax (585) 454-0191 *Will <u>not</u> accept electronic project proposals *Only reviewing proposals that are specific to Brownfields and Waste Water</p>
<p>GREENE</p> <p>Waive right to review all proposed projects</p>	<p>JEFFERSON</p> <p>Mr. Donald CanField Jefferson County Planning Dept. 175 Arsenal St. Watertown, NY 13601 Tel. (315)785-3144 Fax (315)785-5092 Email: donc@co.jefferson.ny.us *Will <u>not</u> accept electronic project proposals</p>
<p>LEWIS</p> <p>Waive right to review all proposed projects</p>	<p>MONTGOMERY</p> <p>Waive right to review all proposed projects</p>
<p>NASSAU</p> <p>Waive right to review all proposed projects</p>	<p>NEW YORK CITY and NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION</p> <p>Waive right to review all proposed projects</p>
<p>ORANGE</p> <p>Mr. David Church Orange County Planning Dept. 124 Main St. Goshen, NY 10924 Tel. (845) 615-3840 Fax (845) 291-2533 Email: Dchurch@orangecountygov.com *Will accept electronic project proposals</p>	<p>OSWEGO, ONONDAGA, MADISON, CAYUGA</p> <p>Ms. Carol Faucher or David Bottar Central New York Regional Planning Board 126 N. Salina Street Syracuse, NY 13202-1050 Tel. (315)422-8276 Fax (315)422-9051 Email: mail@cnyrpdb.org *Will <u>not</u> accept electronic project proposals</p>

PUTNAM Waive right to review all proposed projects	ROCKLAND Ms. Arlene Miller Rockland County Department of Planning Robert Yeager Health Center, Building T 50 Sanatorium Road Pomona, NY 10970 Tel. (845) 364-3434 Fax (845) 364-3435 Email: Millera@co.rockland.ny.us *Will accept electronic project proposals
ST. LAWRENCE Waive right to review all proposed projects	SUFFOLK Waive right to review all proposed projects
SULLIVAN Waive right to review all proposed projects	ULSTER Mr. Dennis Doyle Ulster County Planning Board Box 1800 244 Fair St. Kingston, NY 12401 Tel. (845) 340-3339 Fax (845) 340-3429 Email: planning@co.ulster.ny.us
WESTCHESTER Mr. Edward Burroughs Commissioner of Planning Westchester County Department of Planning 148 Martine Avenue, Room 432 White Plains, NY 10601-4704 Tel. (914) 995-4402 Email: EEB6@westchestergov.com *Will accept electronic project proposals *Only reviewing proposals with a threshold of \$200,000.	HERKIMER, ONEIDA Waive right to review all proposed projects CLINTON, ESSEX, HAMILTON, WARREN, WASHINGTON Waive right to review all proposed projects

EPA Project Control Number

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Michael Cambridge, Director, Div. of Environ. Health Protection


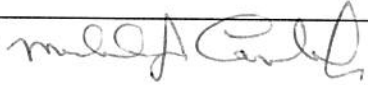
Typed Name & Title of Authorized Representative

 6/26/14
Signature and Date of Authorized Representative

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

0348-0046

1. Type of Federal Action: Grant	2. Status of Federal Action: Application	3. Report Type: Initial Filing
4. Name and Address of Reporting Entity New York State Department of Health Empire State Plaza Corning Tower, Room 1110 Albany, NY 12237 Congressional District, if known:	5. If Reporting Entity in No. 4 is a Sub-Awardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: United States Environmental Protection Agency	7. Federal Program Name/Description: Disaster Relief Appropriations Act (DRAA) Drinking Water State Revolving Fund  CFDA Number, if applicable: <u>66-483</u>	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 56,572,914	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Michael Cambridge Title: Director, Div. of Environmental Health Prot. Telephone No: 518-402-7500 Date: 6/26/14	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev 4-2012)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10.
 - (a) Enter the full name, address, city State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, and Middle Name (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minute per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

The New York State Fringe rate used in the grant application is the current approved rate for fiscal year 2014-2015. A copy of the bulletin is attached.

The New York State Indirect rate used in the grant application is the projected rate for fiscal year 2014-14. A copy of the bulletin will be forwarded when approved.



VII.9 Fringe Benefits and Indirect Costs

Fringe Benefits and Indirect Costs will be assessed and paid from special and administrative funds of the State.

Fringe Benefits costs refer to those expenditures incurred by the State for the benefit of its employees and includes the costs to the State, as an employer, for Retirement plans, Social Security, Health Insurance, Dental Insurance, Worker's Compensation, Survivor's Benefits, Unemployment Insurance and the State's contribution to the Employee Benefit Funds as negotiated in labor-union contracts.

Indirect costs are agency or central service agency costs that cannot be directly associated with the administration of a particular program and therefore cannot be charged as a direct program expense. Indirect costs include, but are not limited to, physical overhead, space occupancy, utilities, information technology and central service agency (e.g. OSC, OGS, Civil Service, Budget, General Services, etc.) costs.

STATUTORY AUTHORITY

Statutory authority for assessing, collecting and making payments from funds of the State are included in various statutes of the State. Generally these provide that whenever the compensation of an employee is paid from a special or administrative fund provided for by law, fringe benefits and a proportionate share of administrative costs associated with the administration of benefits, which would otherwise be chargeable to the State's General Fund, shall, with approval of the Budget Director, be paid from such special or administrative fund. Employee fringe benefit and indirect costs of the General Fund and State Capital Projects Fund are paid from general state charge appropriations provided annually and are not subject to the special assessment procedures described herein.

Comptroller Assess and Collect	Section 8-b	State Finance Law
Retirement	Section 16(c)	Retirement and Social Security Law
Social Security	Section 138-a	Retirement and Social Security Law
Health Insurance	Section 168-1 and 2	Civil Service Law
Worker's Compensation	Section 88-a	Workmen's Compensation Law
Survivor's Benefits	Section 154-8	Civil Service Law
Unemployment Insurance	Section 580	Labor Law
Employee Benefit Funds	Section 6(f)	State Finance Law

ASSESSMENT RATES

At the beginning of each fiscal year, fringe benefit and indirect cost rates are provided to the Comptroller by the Director of the Budget. The federal government may also request the

negotiation of a separate rate for distinctive programs. For example, a special rate can be developed for a state-administered program paid for with federal funds or for an organizational unit which is entirely supported with federal funds. Thus, state agencies may have separate rates for federally sponsored activities as well as for any special program for which a unique rate is requested by the federal government. For federal fund assessments, the rate provided is determined by agreement with federal awarding agencies and, as noted above, may be agency, fund or program specific. OSC's Bureau of State Accounting Operations (BSAO) Revenue section will apply the rates provided by the Budget Director to personal service payments made from special or administrative funds to determine the fringe benefit and indirect cost assessment. Current fiscal year rates:

State Fiscal Year 2014-15 Rates

Fringe Benefit Components	Federal Funds	Non-Federal Funds	FEMA/WTC Overtime (Fund 25500)
Health Insurance	24.23%	26.10%	-
Pensions	15.79	17.52	15.79
Social Security	7.45	7.50	7.45
Workers' Compensation	4.47	3.86	-
Employee Benefit Funds	.89	1.10	
Dental Insurance	.35	.43	-
Unemployment Benefits	.13	.16	-
Vision Benefits	.07	.09	-
Survivors' Benefit	.10	.10	-
Total Fringe Benefit Rate	53.48%	56.86%	23.24%
Indirect Cost Rate	Contact DOB Examination Unit	2.80%	N/A

For prior year rates, [click here](#).

Quarterly Assessments

Fringe Benefit and Indirect Cost assessments are based upon personal service expenditures paid from appropriated funds, **except** the General Fund, State Capital Projects Fund and any other fund specifically exempted by the Division of the Budget. The assessment is derived by multiplying the percentage rates by the total personal service payments made during the quarter.

Required Reports

Agency AP users have been granted access to the Accounts Receivable and General Ledger modules under the SFS Financials menu to allow them to run the NYAR0260 (FBIC Invoice) and the NYGL0442 (FBIC Ledger) reports for their agency. The NYAR0260 displays all of the FBIC invoice detail by fund of a specific GLBU (customer) during a specific time period. The NYGL0442 displays the invoice IDs, billed amounts, paid amounts, any credit/re-bill adjustments and the outstanding amount due by fund for each GLBU (customer) through a specified time period. Each report is located within the Report sub menu of the respective module. Any discrepancies with payments appearing on the report can be reported to the

Bureau of State Accounting Operations (BSAO) - Revenue Accounting Section by emailing RevenueAccounting@osc.state.ny.us.

To run the NYAR0260, navigate to Accounts Receivable > Report > FBIC Invoice. If a run control already exists, navigate to Find an Existing Value. If no run control exists, navigate to Add a New Value, create a Run Control and Save.

When running the report,

- 'From Date' - the beginning of the current billing period (April 1, July 1, October 1, January 1)
- 'To Date' - the ending date of the FBIC billing period (June 30, September 30, December 31, March 31)
- 'Business Unit' - Agency GLBU

The NYAR0260 can be viewed in Report Manager once the report run status is "Success".

To run the NYGL0442, navigate to General Ledger > General Reports > FBIC Analysis Report. If a run control already exists, navigate to Find an Existing Value. If no run control exists, navigate to Add a New Value, create a Run Control and Save.

When running the report,

- 'From Date' - should always be 3/30/12
- 'To Date' - the current date is recommended so that all activity (bills, payments, credit/re-bills) through that date is included
- 'Fund' - leave this field blank to include ALL funds
- 'Customer' - Agency GLBU
- 'Project' - leave this field blank to include ALL projects

The NYGL0442 can be viewed in Report Manager once the report run status is "Success".

Voucher Processing

All Fringe Benefit and Indirect Cost payments are made through the Accounts Payable module using a regular voucher. This regular voucher is created via the billing process within the Accounts Receivable module. This regular voucher must be used as it contains the correct invoice amount.

- Each voucher uses an invoice number beginning with 'FB'. To pay the voucher, you must use the same FB invoice number and amount listed on the interagency bill. Failure to do so will result in an "error" message which will prevent the voucher from being budget checked and submitted for payment.
- The vendor ID on the regular voucher is specific to the Interagency Billing process and is auto populated when the regular voucher is created as part of Fringe Benefit and Indirect Cost billing within Accounts Receivable. Do not change the vendor ID, as it is used to match the invoice with the payment to ensure the receivable amount is correctly accounted for and that no check is produced. If the vendor ID is changed, the receivable

account will not get credited, you will not see the payment reflected in the NYGL0442 report, and the vendor ID that is entered will receive a check payment to which they may not be entitled.

- The Accounting Date should be the same as the Invoice Date. This is critical to ensure proper recording of the payable and receivable in the accounting records.
- Chartfield strings are auto populated by the system. The account codes must be changed prior to voucher approval. The distribution lines on the voucher must use the following SFS expenditure account codes:
 - 60020 Fringe Benefit Escrow
 - 58801 Indirect Costs

Once the voucher is approved and paid, the SFS will create and post the necessary revenue transactions to the proper Fringe Benefit Escrow Funds using account code 32203 – Fringe/Indirect Cost Assess.

Payment Amounts

All state agencies are required to pay the full amount shown on the invoice. The Fringe Benefit and Indirect Costs shown on the quarterly FBIC Invoices (NYAR0260) are calculated using the rates provided in the table above. Payments at less than the full rate require specific legislation, regulation or an approved waiver from the Division of the Budget. BSAO cannot issue waivers.

Partial Payment

If an agency is unable to pay the full billed amount, a request for a credit/re-bill may be made by sending an email to RevenueAccounting@osc.state.ny.us with the following information:

- Original FB invoice number
- The total amount of the original invoiced amount
- The amounts requested to be re-billed by BSAO
- A brief explanation for the re-bill request
- Contact name and phone number

If a credit/re-bill is approved, agencies are required to submit the original FB voucher as well as the credit voucher at the same time for approval and posting. Any of the re-bills can be submitted as they are completed by the agency. To avoid possible budget exceptions it is advised that the original voucher and credit vouchers be submitted and posted before submitting a re-bill voucher.

Excess Payment

In some cases, federal grants allow greater Indirect Cost recoveries than billed on the NYAR0260. When this occurs, agencies must prepare a Journal Entry. For that portion of the indirect cost payment that exceeds the assessed amount, agencies should charge the federal project using the indirect cost account code (58801) and use the following chartfield string on the revenue side:

BU – NYS01
Department – Agency's Department Code
Fund - 10501
Account - 32208 (Reimbursements – All Other)
Statewide Product Code - 300085 (Indirect Cost Recovery).

Pre-Billed Payments

If an agency needs to make a payment before the quarterly invoices are prepared they must contact BSAO by sending an email to RevenueAccounting@osc.state.ny.us. A manual invoice, only for payroll that has been posted, will be created in SFS for the agency to pay. The invoice that is created after quarter end will then be credited by the amount that was paid prior to the quarterly billing.

PAYMENT PROCEDURES

See Job Aid #JAA-AP205-002 Interagency Payments for instructions on handling payments among and between future and Phase 1 agencies.

NOTE: For Fringe Benefit and Indirect Cost payment purposes only, OSC (as a billing agency) is considered a Phase 1 agency.

Guide to Financial Operations

REV. 05/22/2014



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

BARBARA D. UNDERWOOD
SOLICITOR GENERAL

April 25, 2014

Nirav R. Shah, M.D., M.P.H.
Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

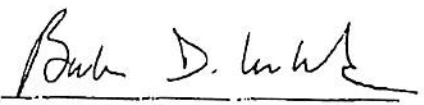
RE: Drinking Water State Revolving Fund Program
Attorney General's Certification

Dear Mr. Shah:

Reference is hereby made to the Attorney General's certification made with respect to the Drinking Water State Revolving Fund Program and contained in our letter of September 12, 1997 to you. Such letter is incorporated herein in full by this reference. As of the date hereof, the Attorney General recertifies the matters certified in paragraphs (1), (2), (3) and (4) of the September 12, 1997 letter. With respect to the certification contained in paragraph (4) thereof, reference is also made to the letter dated February 26, 2014 from the Deputy General Counsel of the Department of Health.

Very truly yours,

ERIC T. SCHNEIDERMAN
Attorney General

By: 
BARBARA D. UNDERWOOD
Solicitor General